

This form may be completed online, printed and mailed to the address listed.

**APPLICATION
FOR APPOINTMENT TO THE
BOARD OF DENTISTRY
(DENTAL SCHOOL FACULTY MEMBER)**

PLEASE PRINT OR TYPE

Name:	First	Middle	Last	Credentials (ie, DDS, etc., if applicable)
Mailing Address:	Street/Box/RR			
	City	State	Zip	
Are you a resident of the State of Nebraska?				Answer Yes or No
Business Telephone:		Cell/Pager:		
Residence Telephone:		FAX Number:		
E-Mail Address:				
Are you available to meet, usually in Lincoln, on a monthly basis, if necessary or required for Board Meetings?				Answer Yes or No
Please indicate how you became aware of this vacancy on this Board.				
Professional Association	HHS R&L Web Page		Newspaper	
Other (please explain) (Please use additional paper if space not adequate)				

ELIGIBILITY REQUIREMENTS

Do you hold a current Nebraska license to practice as a dentist?	Answer Yes or No
Have you been actively engaged in the practice of dentistry in the State of Nebraska for the past five years?	Answer Yes or No
<i>(Statutes that regulate this Board require every professional member to have been actively engaged in the practice of their profession in the State of Nebraska, under a license issued in this state, for a period of five years just preceding appointment.)</i>	
Are you an official or member of the instructional staff of an accredited school or college of dentistry in Nebraska?	Answer Yes or No
Are you expecting to remain an official or member of the instructional staff of an accredited school or college of dentistry in Nebraska for the duration of the term if you are appointed?	Answer Yes or No
If no, please explain: (Please use additional paper if space not adequate)	
Provide the number of years you have been engaged in the practice of dentistry	

EDUCATION

School	Location	Degree/Specialty	Date Completed

DETAILED DESCRIPTION OF WORK EXPERIENCE AS A DENTIST AND DENTAL SCHOOL FACULTY WITHIN THE LAST FIVE YEARS IN NEBRASKA			
Type of Experience	Location	From/To	Average Number Hours Per Week

ADDITIONAL INFORMATION	
Describe your interest in this profession and why you wish to serve on this Board. (Please use additional paper if space not adequate)	
Are you aware of any reason why your appointment might be considered a conflict of interest as defined in Title 172 NAC 3, Regulations Establishing Definitions of Conflicts of Interest for Members of the Boards of Examiners in the Health Professions? <div style="text-align: right;">Answer Yes or No</div>	
If yes, please explain: (Please use additional paper if space not adequate)	
Have you ever had your statutory ability to practice or clinical privileges suspended or revoked? <div style="text-align: right;">Answer Yes or No</div>	
Are you currently under investigation? <div style="text-align: right;">Answer Yes or No</div>	

I swear and affirm that all information I have provided on this application is true and complete to the best of my knowledge.

Signature

Date

Return completed Application to: Joyce M. Novak, Administrative Assistant,
Nebraska Department of Health & Human Services Regulation and Licensure,
Credentialing Division, Nebraska State Office Building, 301 Centennial Mall South, P.O. Box 94986, Lincoln, NE
68509-4986
402/471-0182; FAX 402/471-3577

5/2005